Division of Health Service Regulation CTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01						
ANDIBATIO								
		FCL064027	B. WING		02/04/2016			
			DRESS CITY S	TATE, ZIP CODE				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 932 COBBLE RIDGE DRIVE							
MERCY'S	MERCY'S SUPPORTIVE LIVING NASHVILLE, NC 27856							
		ATEMENT OF DEFICIENCIES	ID	DROWDER'S PLAN OF CORRECTION	ON (X5) ORF COMPLETE			
(X4) ID PREFIX	AT A SELECTION OF THE SECOND	O MITET BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO				
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)				
C 000	Initial Comments		C 000					
į								
1	Report by Rick Be	enton						
	DUCE Construction	on Section conducted a Biennial			ļ			
	Survey on Februa	rv 4, 2016 from 9:30am to						
	10-45am at the ab	nove referenced tacility. Unon						
	records indicate th	ne home was tirst licenseu on						
	December 18, 2014 as a Family Care Home for				ļ			
	four (4) Residents (able to evacuate and respond without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for							
	Family Care Homes, and the 2012 North Carolina State Building Code - Section 425.2 - Residential		1					
	Care Homes.							
	At the time of our	visit, we cited deficiencies that	1					
	At the time of our	table plan of correction. They						
	are as follows:	table plan or confederation,						
	and an ione ion							
C 174 Building Equipment Maintained Safe, Operating		C 174						
1	}							
	SECTION .0300	- THE BUILDING						
	10A NCAC 13G	.0317 BUILDING SERVICE						
1	EQUIPMENT	and all fire safety, electrical,						
	mechanical and	plumbing equipment in a family						
	care home shall	be maintained in a safe and						
	operating conditi	ion.			Ì			
	(j) This Rule sh	all apply to new and existing			9			
	family care home	es.			4			
	This Dula is not	met as evidenced by:		water leak arone rotter and sheath worlded but clormer repaired at clormer and been repaired a-10-10	na			
1	1) During the st	rivey of the attic, the following		water wash	ins			
1	deficiencies wer	e observed:		moter and since	10			
1	a) There was a	significant water leak around the	9	ryvided out clotties	Von			
	rafters and shea	thing located at domier 1 which		me been repaired	1 0.1			
ļ	also has a signif	ficant amount a mold growing an	IQ	3-6-16				
	spreading on the	e sneathing.		12-10 10				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

28K821

	f Health Service Re	egulation	(V2) MUI TIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
CTATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: (
AND PLAN O	F CORRECTION	IDENTIFICATION	N, Boltzan		2010410046
		!	B, WING		02/04/2016
		FCL064027		TID CODE	1
	OLIDDI IED	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1
NAME OF P	ROVIDER OR SUPPLIER		SLE RIDGE	ORIVE	
MERCYS	SUPPORTIVE LIVI	NG NASHVILI	LE, NC 2785		CTION (X5)
WENDIG		ELITATE OF DESICIENCIES	1D	The second of th	00000 00 1 0470 1
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL AS IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE ACT	PROPRIATE
PREFIX	REGULATORY OR	LSC IDENTIFYING INFORMATION)		DEFICIENCY)	
IAG				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	wired
	a timund From F	agre 1	C 174	leak has been reg on the sheathing do	ares 2
C 174	Continued From p	ago .		anythe sheathing ac	
1	b) There was a w	vater leak in the early stages on	1	011710	
1	the sheathing at o	former 2.	1	leak around the r	atters.
1	c) There was a s	ignificant water leak around the		leax arms	atach cet 1
1		hing located at dormer 3 which cant amount a mold growing and		and sneathing local	aDured
1	also has a signific	ahasthing	1	HALLOW CONDITIONS TO THE	' '
1	spreading on the			Dorine	
1	d) There was a	maged due to excessive leaking	1	on 2-6-16	repaired
1				LOAKING MUSS DECENT	2-10-10
		tion of the attic Hool Gidei	ļ	on 2-6-16 leaking has been on dormer 1 on	
1	dormer 1 was da	maged due to excessive leaking	3	on act	18 8 8 6
			Ì		
1	1	and the sinc nool under	_		
	dormer 2 was do	amaged due to excessive is	9		
1	for a second second second second	dormer			
1	and the second of	and technician to make use			
1		on to the distributed according of	of		
1	in the same and advantage	and to the ualitages		1	- bas
1	in Green Droving	NA TO OUR ORIGINAL BURES OF WAR		The grill in hall been cleaned a	word in the
1	documents that	will verify the completed work.		The arilling of a	n 2-6-16
1	a) During the s	urvey of the hallway, the following	ng	the filter has	10000
1	deficiency was	observed:	De la companya de la	Willow has	pecii
1	a) The hallway	return grill and the filter was	į.	The fille is a	-(0-100
1	and a manager of the color of t			The filter has replaced on a	OHOR
1	A Jon not	wacna to clean the clear with	11	replaced on	111101
	and inetall a ne	w filter. Provide to our office an		every 3 month	7.5
1	supporting doc	uments that will verify the		every 3 1.	
1	completed wor	k.	1		ļ
1			the	1	handres a
	During the	survey of the master bathroom,		flapper has been on toilet in mas	31 1 things
1	following defic	iencies were observed:	ne l	HIOPPE 1 3 mich	for boarmonisc
	La Varia a fill vedu	A Afthe folle! Was dalliaged	ach	by foilet in 1100	
1	fresh water su	pply had to be turned off after ea		PU 5-10-10	and I
Į.	use to reduce	the possibility that the fill valve		hann t	reported
Į.	would continu	e to run and not properly fill the		hall has been	
1	water tank.	toilet to the left, there is a slight		3-5-16	
	I am a series from the	- woll	- 1	wall has been you	į.
Ì	c) The escute	cheon ring around the shower ar	m is		
Division:	of Health Service Reg	ulation		navents.	If continuation sheet 2
DIVISION	I OI LIGHTED COLUMN TO LIGHT		(2839)	28K821	

Division of Hea	ath Service Re	gulation	OVER THE E	CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY TED
STATEMENT OF DE	EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0		CONT LL	
AND PLAN OF CORRECTION IDENTIFICATION NO.				02/04	2016	
		FCL064027	B. WING		02/04	2010
			RESS, CITY, ST	TATE, ZIP CODE		1
NAME OF PROVID	ER OR SUPPLIER	932 COBB	LE RIDGE D	RIVE		1
MERCY'S SUP	PORTIVE LIVIN		E, NC 2785	6	ON	(X5)
0010	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE DATE
C 174 Connot Cornec rep sup con	ntinued From passecured to the ntact a qualified ressary repairs air the damage oporting docum repleted work. During the surficiency was obtained to and service and replace tension cord.	wall. If technician to make the Ito the toilet, the shower and to led wall. Provide to our office all lents that will verify the vey of bedroom 2, the following beerved: leveral other electrical		escutcheon arough the shower has he replaced extense cord with an experience on 3-	-Ilo surge Id not xeaker	

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http://www.survey.palnari.com

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BDC Rocky Mount



1261 S Wesleya Alvd Rocky Mount, NC 27803 PHONE: (252) 442-5197

CUST NO: *1

DATE: 2/6/16 CLERK: TLM

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TERMS: CASH/CHECK/B-38/C

SALES REF: JTT

TAILOON ROCKY JUN

REFERENCE: JOB NO: 000

INVOICE: A 9

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